



Technical Assistance Bulletin

Evaluating the Results of Communication Programs

Prevention program planners sometimes find evaluation difficult to do, and outcome evaluation may seem to be the most difficult. This bulletin describes how to plan and conduct outcome evaluation and explains the benefits of conducting outcome evaluation to document the results of communication efforts.

Evaluation is a continuous process that begins with identifying the prevention problem or issue to be addressed and who is affected by the problem.

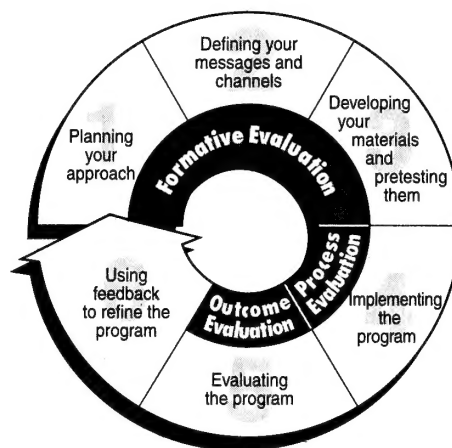
Then, as shown in the Health Communications Process, evaluation continues throughout the development and implementation of the communication program.

Types of evaluation include formative, process, outcome, impact, and efficiency. Each of these serves a different purpose and requires varying amounts of technical expertise and resources. In this bulletin, these types of evaluation are defined as follows:

Formative evaluation (or formative research) is conducted as a part of program development. Collecting evaluation data at this early point can help make decisions about target audience selection and the types of communication messages, channels, and activities to be used. Pretesting messages and materials to assure their effectiveness prior to final production is one kind of formative evaluation.

The Health Communications Process

Where does evaluation fit in?



Process evaluation addresses how the prevention communication program is implemented:

- Is the program involving target audience members? How many?
- Are the planned activities being conducted? By whom? By when?



"The challenge most threatening to the goal of finding solutions to the problem of drug abuse is the current lack of evaluation evidence to demonstrate the success of individual programs. This failure to document results represents a great loss to this developing field, where reliable evidence of success could guide so many efforts."

U. S. General Accounting Office, 1992

Process evaluation data identify whether the program is progressing as expected so that any program components that are not working as planned can be adjusted. If the program is not being implemented as planned, then the chances are that the program outcomes will not be met. This information is important both to improve the operation of a program and to replicate it.

Outcome evaluation measures the effects of a program on the target population in the short term and provides evidence of what has changed as a result of the program. At its best, outcome evaluation is a comparison of "before" and "after." For example:

- How much did the youth know about tobacco as an addictive drug before the program ("baseline knowledge")? What were their intentions to use tobacco?
- What was their knowledge after the program? Was there a change? Did their intentions to use tobacco change?

Impact evaluation measures the effects in the long term, such as the prevention program's effect on a community problem 6, 12, and 18 months after cessation of the program. Because impact evaluation ad-

dresses a more complex situation and requires sustained attention and multiple program strategies over time, impact evaluation is usually the most complex and costly type of evaluation.

Efficiency evaluation addresses whether the program is making the best use of resources within the context of the stated program objectives and goals.

Outcome Evaluation Step By Step

Planning outcome evaluation of a communication program requires several steps.

1. Begin With Clear and Action-Oriented Communication Program Goals and Objectives

Appropriate goals describe the overall change that planners expect from the program. These goals, which address a broad substance abuse problem and often describe an improvement in the substance abuse situation (such as making a school drug-free or postponing the age of first use among youth), are *prevention goals*. Reaching prevention goals often means using a combination of strategies—such as strengthening drug-free policies, generating community support for activities, and *communicating* about the efforts. Communication strategies should be interwoven with other prevention strategies to reach the prevention goals.

Achievable objectives for a communication program specifically relate to what communications can reasonably be expected to contribute to resolving the problem. That is, objectives for communication efforts should contribute to:

- Raising awareness
- Increasing knowledge
- Influencing attitudes and norms
- Showing benefit of behavior change

What Outcome Evaluation Can Do

Evaluation offers program planners the tools for seeing where they are going and knowing when they get there. It can help them to:

■ **Guide administrative decisions.**

Evaluation involves making decisions about value, worth, and merit. For example, will teaching styles affect the impact of the program on students? The answer to this question can help determine the types of teachers to hire or whether it will be worthwhile to invest in teacher training.

■ **Refine the program.** Outcome evaluation findings can clarify what has happened, and what can realistically be accomplished. The program can then be reframed and/or its objectives revised based on documented progress made.

■ **See concrete results.** Evaluation findings help provide reasons for involvement to community groups and others participating in the program, help with recruitment, and bolster staff morale.

■ **Prove to funders the value of their investment.** This is important for program continuation!

■ **Gain credibility.** Without more formal evaluation, program planners have to rely on anecdotal evidence to describe what did or did not happen. Evaluation provides objective data or documented facts. Anecdotes are important, too; but credibility is earned by being able to explain how each activity resulted in change.

■ **Support replication.** Outcome evaluation explains that the strategy or program works. When coupled with process evaluation (which shows *how* the program was implemented), the steps needed to replicate the program and to reproduce the results can be described.

■ **Advance the field.** It takes concerted efforts among many prevention specialists to be successful in reaching prevention goals. So it is important to identify and share "what works and what doesn't" to increase the use of communication strategies that prove successful, and modify or replace those that are not.

- Reinforcing positive knowledge, attitudes, and behavior
- Demonstrating skills
- Suggesting/prompting an action
- Increasing demand for services
- Refuting myths and misconceptions.

First, identify what communications will contribute to the broader prevention program. Then, write communication objectives that are:

- **Specific** – written to point the way to action

- **Attainable** – to increase the probability of success
- **Prioritized** – to direct the allocation of resources
- **Quantified** – to specify how much change is desired
- **Measurable** – to assess progress
- **Targeted** – to identify who should change
- **Time specific** – to tell when the objective is to be reached

Six Steps for Outcome Evaluation:

1. Begin with clear and action oriented communication program goals and objectives
2. Turn the communication program outcome objectives into outcome evaluation questions
3. Design the outcome evaluation
4. Gather data
5. Analyze data and write the evaluation report
6. Use the findings.

- **Useful** – to contribute to accomplishing the program goals.

Establishing realistic, measurable objectives is important. Information on recent trends can provide some clues to what is possible. For example, if negative attitudes toward cocaine use have increased by 3 percent among youth in the past year, program planners may decide to set a goal in the same range for the next year. Just make sure that the change aimed for is reasonable – and remember that expecting 100 percent of any group of people to change is not reasonable.

The goals and objectives for the Nation set forth in the *Healthy People 2000* report can provide some guidance, (as can those developed by many States and communities). Some national substance abuse prevention objectives relate to communications, others to broader prevention goals to which a communication program can contribute.

Communication program objectives may describe *what* is expected to happen or change (outcome objectives), and others may relate to *how* it will happen (process objectives). The first step in planning outcome

evaluation is writing outcome objectives, such as the following:

- By 1997, increase the knowledge of 50 percent of health clinic counseling staff on five key effects of using crack.
- By the end of the program, increase by 75 percent the number of 13 to 18-year-old girls who know the five immediate effects of tobacco smoking on their bodies.
- At the end of the presentation, 90 percent of the runaway youth will be able to list an agency where a friend with an alcohol or other drug problem can get help.

2. Turn the Communication Program Outcome Objectives Into Outcome Evaluation Questions

The questions an outcome evaluation is designed to answer should be based on the program's outcome objectives. For example:

Outcome objective

- By the end of the program, increase by 75 percent the number of 13 to 18-year-old girls who can articulate the five immediate effects of tobacco smoking on their bodies.

Evaluation questions

- What does the target audience currently know about the immediate effects of smoking tobacco? (This is the "baseline.")
- What do those who participate know after the program?
- During this same time, what do nonparticipants within the target audience know?

If more than one target audience (such as youth leaders and other youth) is involved, measure changes with each group. And if others such as teachers are involved, add evaluation questions to address their role (such as identifying changes in teaching methods). Before moving ahead to evaluation design, make sure that the evaluation questions focus on the most important issues for the program.

Case Study 1

Across Ages: An Intergenerational Mentoring Approach to Drug Prevention (Philadelphia, PA) matches elder mentors to help sixth grade students in high-risk environments. Across Ages also includes community service for students, workshops for parents, and a classroom curriculum. Program evaluation includes both process and outcome evaluation components.

The outcome evaluation design includes two randomized intervention groups and a control group using pretest (before the intervention) and posttest (after the intervention) measures. Within each school, three sixth grade classes (from among those with teachers who agreed to participate) were assigned to the control group (no program intervention), the moderate intervention group (all program components except mentoring), or the full intervention group (all program components including mentoring). The groups were demographically comparable.

Previously tested evaluation instruments were used to measure attitudes toward alcohol and cigarette use, reactions to situations involving drug use, reactions to

stress or anxiety, self-perception, frequency of substance abuse, reactions to persuasion to use substances, knowledge about older persons, and personal sense of well-being.

Newly designed evaluation instruments looked at attitudes toward school, elders, and the future; knowledge about substance abuse; and problem-solving skills. Also measured was the extent to which students actively participated in the activities (to determine how much each student was exposed to the program).

Of the 13 measures, evaluators found very good results in the pretest for four in both the experimental and control groups. For example, students already had the desired attitudes toward drug use. Therefore, less change could be expected in these areas. For the other nine measures, however, there was significantly more improvement among students in the experimental groups than students in the control group, with most improvement among students who received the full intervention. The use of a control group permitted comparisons and demonstrated the positive effects of both classroom interventions and mentoring.

3. Design the Outcome Evaluation

There are various research designs that can be used for outcome evaluation. Basic textbooks on evaluation provide detailed explanations of these. However, it may be useful to work with an experienced evaluator who can suggest which research design is best applied under which conditions.

The best outcome evaluation uses a randomized "experimental" design. This means that individuals within the target audience are assigned into two equivalent groups: one group will be a part of the program (the

experimental or intervention group), and the other will not (the control group).

Ask the same set of evaluation questions to both groups before the program begins. Answers to these questions (e.g., on the knowledge or attitudes the program wants to affect) serve as the baseline, or starting point.

Then, ask both groups the same questions after the program is finished. Presumably, any significant differences in the responses from the intervention group, as compared with the control group, can be attributed to the program. Randomized experimental designs

Outcome Evaluation Options To Match Resources

Available resources, experience, and expertise all help guide program planners to the most practical evaluation design for their program. The rule of thumb for well-planned intervention programs is to allocate at least 15 percent of the program budget to evaluation.

Some type of outcome evaluation, however, is possible for almost any budget:

- **Minimal resources.** Activity assessments (numbers of people who participate and their responses to questions about what they learned, thought, and/or did as a result of their involvement).

- **Modest Resources.** Pre- and postassessments of desired changes in program participants (self-reported or observed, questionnaires filled out by participants, telephone or in-person interviews, third-party observation/assessment); for media programs, a media content analysis by monitoring and analysis of coverage (content and quantity) appearing in the media before/during/after the program.
- **Substantial resources.** Use of experimental design with intervention and control groups, pre- and postassessment to measure change after the program exposure.

provide the best evidence of outcomes. It is the kind of outcome evaluation that is most acceptable to people looking for "hard evidence" of success. Using an experimental design will also:

- isolate outcomes to determine if certain changes, when controlled for, affect the result
- minimize or prevent conditions that obscure clear interpretation of results
- address potential problems and biases that could become barriers to understanding whether the program is responsible for the outcomes.

However, for some community communication programs, this type of evaluation becomes practical only if evaluation expertise can be accessed.

Other types of designs include:

- Collecting information pre- and post-intervention (the activity or program) only from participants to see what happened to them as a result of the program. (This

works best for short programs, such as a training session, where program planners can be reasonably sure that the program caused or contributed to the change.)

- Looking for sources of existing baseline information and conducting postintervention data collection only (for example, using existing community or State surveys of knowledge and/or attitudes toward substance use/abuse).
- Sorting other information already gathered from participants and nonparticipants (such as classroom attendance, school grades).
- Collecting information only after the intervention to see if participants are where program planners want them to be (for example, ready to be peer counselors to others). This does not tell planners if participants obtained that status as a result of the program.

Most outcome evaluation methods are based on collecting data about participants through a questionnaire, interview, or observation.

Case Study 2

Right Turns Only! (Prince Georges County, MD) is a video-based drug education series produced by the Prince Georges County School System with CSAP funding. The effect of this video series (including collateral print material) on student knowledge, attitudes, and behavioral intentions was tested at 12 schools among approximately 1,000 seventh grade students assigned to four groups. One group received only the video-based education; a second group received the program in addition to a traditional drug education curriculum; a third group received only the traditional curriculum; and a fourth group – the control group – received no drug abuse prevention education during the time of the study. All interventions were completed within a 3- week period.

Outcomes measured included knowledge of substance abuse terminology, ability to

assess advertisements critically, perception of family, conflict resolution, self-efficacy in peer relationships, and behavioral intentions related to substance use/abuse prevention. Changes were measured using a questionnaire completed by students before and after the interventions, and the questionnaires were analyzed to identify any differences based on gender, race, grades (self-reported), and teacher.

As hypothesized, groups receiving drug education scored higher on all measures except self-esteem in the posttest than did the control group. On two of the seven measures, the group receiving the video series and traditional curriculum scored significantly higher than other groups. Thus evaluators were able to demonstrate that instructional television (in particular when used in conjunction with print materials and teacher guidance) can be an effective tool for delivering drug education in the classroom.

The type of data collection method selected is based on how to best answer the evaluation questions, access to the target audience, and resources. (See the case studies included in this bulletin for ideas.)

Some of the decisions made in designing an outcome evaluation include what data will be collected, from whom, how, and when. These data help answer the program's evaluation questions.

Remember that the more complex the evaluation design, the more expert assistance may be needed to design and conduct the evaluation.

If there is no evaluator on staff, seek help to decide what type of outcome evaluation will best serve your program. Sources of evalua-

tion consultation and hands-on assistance include university faculty, graduate students (for data collection and analysis), local marketers and other businesses (staff, computer time), State and local health and social service agencies, and organizations with experience in evaluation.

What Data

The data collected and the measures used to determine whether a change has occurred should directly relate to the evaluation questions. Specific questionnaires or other data collection instruments should be compared to the questions they intend to ask with the evaluation questions (Step 2) and outcome objectives (Step 1). For example, if the program is intended to change knowledge, all of the measures should be knowledge related.

Ensure the validity of the data collection instruments used. Valid instruments should measure what they are supposed to measure.

Sources for help in developing a questionnaire include examples used by other programs, evaluation reports from NCADI [see Resources], evaluation design manuals, and experienced staff from other prevention programs or university graduate programs. Such sources can provide guidance on how to develop data collection measures and instruments that are reliable and valid.

If collecting baseline data is beyond existing capability, check for available data. Has someone already collected this information? If it was not for the program's geographic area, is it reasonable to use it as an approximation of the baseline measures?

From Whom

Think about from whom information should be gathered. Different data collection instruments and methods may be needed for each group. For example, if one or more intervention groups and a control group are being followed, each may need to be asked the same questions in a different way in order to get at a common construct or concept. Or, if more than one culture is involved, different methods to capture adequately the experiences of each culture may be needed.

How

Data can be collected in many ways; for example, through *qualitative methods* such as focus groups, open ended questionnaires, personal interviews, and observation or through *quantitative methods* such as structured surveys and questionnaires.

Deciding how data will be collected is another resource question. Does the program have access to skilled interviewers?

Consider how comfortable the participants will be with the planned means of collecting data. Will they be willing and able to fill out the forms? Will they be willing to provide

"Positive results from an outcome evaluation—showing more favorable results from participants than similar nonparticipants—offer hard, objective evidence that a social program truly makes a difference and thus is a positive investment of human capital."

U. S. General Accounting Office, 1992.

personal information to interviewers? The answers may vary according to age, culture, levels of literacy, and setting, so pilot testing data collection instruments is vital.

When: The Outcome Evaluation Plan

The decisions made about what data to collect, from whom, and how are all connected. Completing the Worksheet: Outcome Evaluation Plan (see page 13) will help program planners think through their evaluation plan. Developing a timeline and task schedule is crucial. The collection of preprogram-intervention data must be completed before the prevention communication program starts. The more complex the evaluation design, the more important the timeline and task schedule become.

When program planners complete the worksheet, it provides a written guide to the outcome evaluation plans. The plan also can help identify where there is a need for evaluation help.

The design of process evaluation is not the focus in this bulletin, but process measures are important for any program conducting outcome evaluation. Information from process measures will help identify parts of the program that work, parts that did not work, and the reasons why the outcome was or was not positive.

4. Gather Data

Think through the logistical issues involved to make sure that all of the information (data) needed is actually gathered from the participants. It is important to ensure that data gatherers are well-trained so that they do their job thoroughly. Uniform data collection strategies should be employed throughout the process.

5. Analyze Data and Write the Evaluation Report

Once information is gathered, it should be analyzed according to a carefully thought out approach (analysis plan).

"Analysis" means looking methodically at the information and determining what answers it provides to the evaluation questions. It is also important to write down any reasons why the program did or did not work as expected, and what should be changed or evaluated differently in the future.

If this process is new to program planners, they may need the help of an evaluation specialist to guide them through data collections and analysis.

Once analysis is complete, think about how the evaluation report will be used before writing it. And as with all communication materials, it is important to consider who the readers (target audiences) will be. A report prepared for journal publication may look very different from one shared with the community.

Consider:

- Preparing different versions for different readers and purposes
- Using visuals to highlight important findings
- Incorporating information from other studies, programs, or sources to add weight to findings (such as national data that are comparable, other studies that came to similar conclusions).

6. Use the Findings

An evaluation report that resides in the office bookcase is not supporting the program. The distribution plan might include:

- Project staff (for discussion about implications for the program)
- Managers and other influential people in the agency or organization
- Funding sources (outcome data may be crucial to further funding)
- Other citizens groups, agencies, and businesses that were involved in the program
- Others that program planners might want to work with in the future
- Local or State legislators
- Prevention specialists and similar programs in other locations
- NCADI (see Resources).

Cultural Competence in Evaluation

Planning for prevention communication programs requires forming a set of assumptions about what should happen to contribute most effectively to substance use prevention, who should be involved or affected, and what results may be expected. These assumptions must take into consideration the norms, values, and expectations of the community and its cultural/ethnic groups. Among these different groups, for example, norms concerning who is in the best position to influence youth and to lead the community may vary.

Planning for evaluation must also take cultural considerations into account, particularly in selecting methods for gathering information and in interpreting the results. Consider, for example, that:

Case Study 3

La Esperanza del Valle (Yakima Valley, WA) is a multimedia prevention soap opera campaign targeted to Latino adolescents and families at risk that was developed by Novela Health Education and the University of Washington Health Education and Training Center. The video component was shown to students in the classroom. To evaluate the efficacy of the video in changing attitudes and behaviors related to alcohol use, students completed a pretest 1 to 2 weeks before the viewing and a posttest form within 1

week after seeing the video. For students who understood enough spoken English to understand the video but did not have sufficient skills to read the questionnaire in English, the questions were read in English and repeated in Spanish.

The evaluation identified some positive changes in youth attitudes regarding alcohol from pre- to post-viewing, including significant changes in intentions to drink. The majority (74%) of responding students indicated that if they used alcohol they would probably or definitely change their drinking behavior based on what was shown in the video.

- In some cultures speaking out in a group (such as a focus group) or revealing negative feelings about an activity is not appropriate. Thus observing nonverbal cues may be more revealing than oral communications.
- Some groups distrust or fear providing information to a person from a different culture. Thus the ethnicity of the data gatherer may inadvertently influence the information provided.
- Some groups may lack familiarity with how to fill out a printed questionnaire, or they may face difficulties due to limited English skills. The Asian Drug and Alcohol Prevention Team (Utah) found it difficult to use pre- and posttest instruments with an Asian student population living in a high-risk environment: "In most cases, the problem was limited English; in other cases, participants simply were not familiar with the testing procedures or the concepts... we were attempting to gauge." The team decided instead to measure outcomes in ways that included school attendance and progress, change in family/individual behavior, and nonverbal, self-reported measures.
- The cultural outlook of the evaluator may inadvertently affect the objectivity of evaluation reports on program activities. Thus finding a member of the community to conduct the evaluation or making sure to involve a culturally competent evaluator may be important.
- Programs that cut across cultures and adapt their evaluation methods to fit different groups may find it difficult to compare results across groups. Thus these types of evaluations are more complicated and usually require more evaluation expertise.
- If evaluation materials are translated into another language, have them translated back to the original prior to use. This will ensure that the original meaning has not been lost.

Outcome Evaluation Myths and Misconceptions

- ***If the outcome from an activity is good, it is a good program.*** Having positive results is definitely a plus, but the results must contribute to meeting program objectives. Sometimes it is easy to get carried away by a "good idea" for a communication activity or a creative slogan. Make sure that the good idea will move the program a step closer to the outcome.
- ***The program does not have a lot of resources, so counting is sufficient.*** Numbers can be impressive. But anyone looking at the program with a critical eye is likely to ask the next question: "But what happened as a result?" A communication program can include ways to answer that question.
- ***Outcome evaluation comes last; it can be dealt with once the program gets rolling.*** That is too late! It is tempting to wait when other tasks seem more immediate, but if there is no assessment of where you began, how will program planners know whether their program has made a difference?
- ***Evaluation is too difficult/expensive, so it cannot be done.*** It is true that evaluation requires an effort. But don't program planners and managers have an obligation to prove that they have done it well? There are many sources of help to design and gather information.
- ***The budget is tight. It is more important to do the program, so evaluation can be eliminated.*** More important? Not if the program is to be valued in the community...and continue!

Of course, keeping an appropriate balance between resources used for program and evaluation is important; and the program should get the bulk of what is available. Nevertheless, evaluation is an essential part of being accountable.

- ***Evaluation results must show a positive effect to be useful.*** All program planners can learn from their experiences, both from the positive and the negative.
- ***When the evaluation is complete, it is time to put the project on the shelf.*** When the evaluation is done, it is time to tell people what has been learned. Evaluation results are not valuable until they are used.
- ***This is not going to be a long-term project, so outcome evaluation is not important.*** Are there going to be no more programs? The lessons learned from outcome evaluation will be useful next time in developing substance use/abuse prevention programs in your community and others.
- ***Agreeing on the specific outcomes is too difficult.*** Agreeing on what is to be accomplished, before deciding what is to be done and making sure that all activities contribute to reaching the objectives, is essential.

Glossary

Baseline study. The collection of data regarding a target audience or situation prior to the intervention.

Control groups. In research, those individuals to whom no message or information is given, but who resemble members of the experimental group in all respects.

Efficiency evaluation. Research that addresses how well a program is using its resources within the context of the stated program goals and objectives.

Experiment. A research investigation in which the investigator has control over the levels of the independent variable and over assignment of individuals to different conditions (such as program activities).

Formative evaluation. Evaluation research conducted during program development. May include state-of-the-art reviews, pretesting messages and materials, and pilot testing a program on a small scale before full implementation.

Impact evaluation. Evaluation that measures whether and to what extent a program accomplished its stated goals in the long term.

Intervention. A type of study in which subjects are exposed to a specified program (treatment) and the effect evaluated (measured).

Methods. The process and techniques used to conduct a study—including data collection techniques, subjects (individuals) studied, experimental design, sampling procedures, and instrument construction and use.

Outcome evaluation. Evaluation that measures the effects on the target audience in the short term and provides evidence of what has changed as a result of the program.

Process evaluation. Evaluation to study the functioning of the program; includes assessments of whether materials are being distributed to the right people and in what quantities, whether and to what extent program activities are occurring, and other measures of how and how well the program is working.

Qualitative research. Usually, research that involves obtaining information from small numbers of people. The information gathered is subjective and not described in numerical terms; therefore, generalizations should not be made. Can be very useful in clarifying issues for subsequent quantitative research.

Quantitative research. Research designed to gather information from representative random samples of respondents. Results are expressed in numerical terms. Quantitative data are used to draw objective conclusions about the target audience.

"Cultural competence: A set of skills that allows individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing focused interventions, communications, and other supports."

Center for Substance Abuse Prevention, 1992.

WORKSHEET

Outcome Evaluation Plan

Problem/issue to be addressed:

Target audience (*consider a separate plan for each target audience*):

Program goals and objectives (*what the program is intended to accomplish*):

Types of evaluation to be conducted (*process as well as outcome*):

Evaluation questions to be answered:

Data collection methods for each type of evaluation (*e.g., telephone surveys, participant evaluation forms in the classroom*):

Analysis plan (*what program planners are going to do with the data gathered in order to answer the evaluation questions posed*):

Evaluation products and use of evaluation data (*e.g., to revise program, to share with others*):

continued on page 14

WORKSHEET
Outcome Evaluation Plan *continued*

Sample Timeline and Task Schedule

Task	Person Responsible	Timeline
a. Design the process and outcome evaluation	_____	_____
b. Identify participants	_____	_____
c. Identify control group	_____	_____
d. Design/pilot test questionnaires	_____	_____
e. Pretest participants and control group	_____	_____
f. Implement program	_____	_____
g. Posttest participants and control group	_____	_____
h. Analyze data	_____	_____
i. Write evaluation report	_____	_____
j. Share findings	_____	_____

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National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852, (301) 468-2600, (800) 729-6686, or TDD (800) 487-4889. Internet World Wide Web address <http://www.health.org>. Provides information on research literature, programs, and educational materials.

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